

DOCKET NO. VTN 568 CIP1
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Frank Neely et al

Serial No.: 10/748,621

Art Unit:

Filed : December 30, 2003

Examiner:

For: ANTIMICROBIAL CONTACT LENSES AND METHODS FOR THEIR PRODUCTION

I hereby certify that this correspondence is being facsimile transmitted
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June 15, 2005

(Date of Deposit)

Linda Long

(Name of applicant, assignee, or Registered Representative)

Linda Long

(Signature)

June 15, 2005

(Date of Signature)

Mail Stop Missing Parts
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SUBMISSION OF COMBINED DECLARATION AND POWER OF ATTORNEY

Dear Sir:

Pursuant to Rule 53(f) and Rule 54, please find enclosed a Combined Declaration and Power of Attorney for the application of Frank Neely et al, entitled ANTIMICROBIAL CONTACT LENSES AND METHODS FOR THEIR PRODUCTION attorney Docket No.VTN 568CIP1, to complete, pursuant to Rule 51, this application filed on December 30, 2003 by Express Mail pursuant to Rule 10. As required, a copy of the Notice to File Missing Parts of Application is also attached.

Please charge Johnson & Johnson Deposit Account No. 10-0750/VTN568CIP1/KAH in the amounts of \$130.00 for submission of the Declaration pursuant to Section 1.16(e). The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Account No. 10-0750/ VTN568CIP/KAH. This sheet is submitted in triplicate.

Respectfully submitted,

Karen A. Harding
Karen A. Harding
Reg. No. 33,967
Attorney for Applicant(s)

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One Johnson & Johnson Plaza
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June 15, 2005

Please type a plus sign (+) inside this box ☐

PTO/SB/01 (10-00)
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| | | |
|---|--------------------------|-------------------|
| DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (Surcharge (37 CFR 1.16(e)) required) | Attorney Docket Number | VTN568CIP1 |
| | First Named Inventor | Frank Neely |
| | COMPLETE IF KNOWN | |
| | Application Number | 10/748,621 |
| | Filing Date | December 30, 2003 |
| | Group Art Unit | |
| Examiner Name | | |

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.
 I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ANTIMICROBIAL CONTACT LENSES AND METHODS FOR THEIR PRODUCTION
(Title of the Invention)

the specification of which

☐ is attached hereto
 OR

☒ was filed on (MM/DD/YYYY) 12/30/2003 as United States Application Number or PCT International Application Number 10/748,621 and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

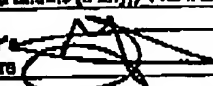

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? | |
|---|---------|-------------------------------------|--------------------------|-----------------------------|--------------------------|
| | | | | YES | NO |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

| DECLARATION - Utility or Design Patent Application | | |
|---|--|--|
| I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below. | | |
| Application Number(s) U.S. Serial No. 60/245,518 | Filing Date (MM/DD/YYYY) November 3, 2000 | <input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto. |
| I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application: | | |
| Application Serial No. | Filing Date | Status |
| | | Patented Patented Patented |
| I hereby appoint: | | |
| <input checked="" type="checkbox"/> Practitioners at Customer Number 000027777 → | | Place Customer Number Bar Code Label Here |
| AND | | |
| <input type="checkbox"/> Practitioner(s) named below: Name Karen A. Harding | | Registration Number 33,967 |
| as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. | | |
| Address all telephone calls to Karen A. Harding at telephone number (804) 443-3074. | | |
| Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label 000027777 OR <input type="checkbox"/> Correspondence address below | | |
| Name: Karen A. Harding, Patent Counsel | | |
| Address: Johnson & Johnson Corporation | | |
| Address: P.O. Box 1222 | | |
| City: New Brunswick | State: New Jersey | ZIP: 08933-2808 |
| Country: USA | Telephone: (804) 443-3074 | Fax: (804) 443-3078 |

| | | | |
|---|--|---|-------------|
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. | | | |
| NAME OF SOLE OR FIRST INVENTOR: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) Frank L | | Family Name or Surname Nesly | |
| Inventor's Signature  | | Date 8/4/04 | |
| Residence: City Jacksonville | | State FL | Country USA |
| Mailing Address 804 LaPoma Way | | | |
| City Jacksonville | | State FL | ZIP 32259 |
| Country USA | | | |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. | | | |
| NAME OF SECOND INVENTOR: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) Azam | | Family Name or Surname Ali | |
| Inventor's Signature  | | Date 08/24/04 | |
| Residence: City Jacksonville | | State FL | Country USA |
| Mailing Address 1558 Hope Valley Drive | | | |
| City Jacksonville | | State FL | ZIP 32221 |
| Country USA | | | |